

MARINE CLAIM FORM THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Policy Number:		Certificate Number:		
A.	INSURED			
1.	Name	:		
2.	Address	:		
	City	:	Pin Code:	
3.	Telephone Number	:		
B.	DETAILS OF THE AFFECTED ITEM			
1.	Name of the Consignor	:		
	Address	:		
	City	:	Pin Code:	
2.	Name & Address of the Consignee	:		
	Address			
	0.7		P' 0 1	
_	City	:	Pin Code:	
3.	Nature of the Goods	:		
4.	Total number of Packages and/or cases	:		
_	dispatched with marks if any			
5.	Bill of Lading No./Air Way Bill No./	:		
	Lorry Receipt No./Railway Receipt No.			
	& Date			
	(if multiple modes are involved, specify			
	the details of all)			
6.	Place of Dispatch	٠		
7.	Place of Destination	:		

8.	If by Steamer/Air	
	Date of Landing at Final Port:	
	Date of Clearance:	
	Date of dispatch to Final Destination, if any:	
	Reasons for delay in clearance, if any:	
	Date of receipt at Final Destination:	
	Reasons for delay in taking delivery at Final	
	Destination, if any:	
9.	If by Rail:	
	Date of Receipt at Final Station:	
	Date of delivery from Final Station:	
	Reasons for delay in taking delivery, if any:	
	Date of dispatch to Interior Destination:	
	Date of receipt at Interior Destination:	
	Reasons for delay in taking delivery at Interior	
	Destination:	
10.	Date when loss or damage noted:	
11.	Number of Packages and/or cases, delivery taken of:	
12.	Number of Packages and/or cases not delivered by the	
	Carriers (Steamer agents/Airport Authorities or Land	
	Carriers):	
13.	Details of the Condition of the cases and/or packages	
	taken delivery of:	
14.	State whether Steamer Survey held or Open delivery	
	taken? If so, attach Certificates from the Carriers	
15.	Has Claim been made against the Carrier?	Yes No
	(Note: The Claim has to be lodged within the	
	stipulated timeframe)	
16.	If Claim has not been lodged, state reasons for the	
	same	
17.	If damages are noticed before Clearance for Home	
	Consumption is issued, state details of Examination	
	carried out by Customs and the claim made on them	
	(Remission/Abatement)	
18.	Sound market value of the goods at the final Port of	
	Discharge	
19.	Duty Payable on Sound Goods:	
20.	Any other information that may be relevant	
21.	Give details of other Insurances, if any, covering the	
	affected property	

MARINE CLAIM FORM

The following documents are also to be enclosed in case not forwarded earlier:

- 1. Original Insurance Policy and/or Certificate duly endorsed.
- 2. Complete Invoices together with Supplementary, if any and packing list.

3.

For Consignments by Sea/Air (where damages have been noticed prior to removal to interior destination)	For Consignments by Rail/Road And For Consignments by Sea/Air (where damages have occurred during removal to interior destination)
Original Bill Of Lading	Original Lorry receipt/Rail receipt
Third copy of Bill of Entry	Open Delivery Certificate if it has been arranged
Landing Remarks Certificate	
Steamer survey report, if it has been arranged	

- 4. Copies of correspondence exchanged with the Carriers/Port Trust Authorities together with their replies in Original.
- 5. Carriers' Certificate (Rail, Lorry, Post, Ship, Air) in original.

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement.

	Signature of the Insured
Place:	
Date:	